FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076
Est. time per response: 1 hour

SECTION 1 - General Information COMMON CARRIER ANNUAL EMPLOYMENT REPORT [Please read instructions before completing and for Notice regarding public burden.]

| | PREVIOUS YEAR TOTAL 11 | TOTAL 10 | service Workers | aborers and Helpers | Operatives | | Craft Workers | Administrative Support Workers | Sales Workers | Technicians | Professionals | | evel Officials and | Executive/Senior Level Officials and Managers | | | | 1 | Categories | • | | SECTION II - Full-Time Employees. | 2018 | Year Report Filed | MEDICINE LODGE, KS 67104 | PO BOX B. 215 S. II. IFF ST | 1. Name and Mailing Address of Respondent |
|---|------------------------|----------|-----------------|---------------------|------------|---|---------------|--------------------------------|---------------|-------------|---------------|---|--------------------|---|-------------|---|--------|------------------------|----------------|---|------------|-----------------------------------|---|-------------------|---|-----------------------------|---|
| | | 0 | 9 | 8 | 7 | | מ | O | 4 | ω | 2 | i | 3 | 11 | A | | Male | | T | T | | oyees. | | | DGE, I | | s of Respond |
| - | | 0 | | | | | | + | | | | + | | | | | - | Latino | Lispanio | | | | (1) T | ω π | S 671 | FF ST | dent |
| - | | + | - | | | | | | | | | | 1 | | В | | Female | | | | | | Period Covered b 3/31/2018 | eporting | 04 | ONE | |
| | | 12 | - | | 1 | U | , | | | 3 | 1 | _ | | | C | W W W | White | | | | | | vered by Re | Period (End | | ASSO |) |
| | , | - | | | | | | | | - | | | | | 0 | African American | Block | | | | | | Period Covered by Report) 3/31/2018 | ing Data of | | CINC | 1 |
| | | 0 | | | | | | | | | | | | | ш | Native Hawaiian or Other Pacific Islander | | | | | | | dy | | | | |
| | 9 | > | | | | | | | | | | | | | П | Asian | Male | | | | | | | | | | |
| | 0 | > | | | | | | | | | | | | | G | American Indian or Alaska Native | | | | (Report em | Z | | 4. Numbe Reporti | | | | |
| | c | | | | | | | | | | | | | : | I | Two or more races | | Not-Hispa | Race/Ethnicity | employees in only one c | mher of Em | to or more (co | r of Full-Time ng Period (chewer than 16 | | | | |
| | | 5 | | | | | 7 | | ^ | 2 | | w | - | | - | e White | | Not-Hispanic or Latino | iţ | (Report employees in only one category) | lawaa | implete all se | Number of Full-Time Employees during Selected Reporting Period (check one): Evert than 16 (complete Sections I, IV, and V only) Evert than 16 (complete Sections I) | | | | |
| | 0 | | | | | | | | | | | | | | - | Black or African American | | | | γ) | | ctions) | uring Selecte | | | | |
| | 0 | | | | | | | | | | | | | 7 | - Continued | I | . Fe | | | | | | and V only) | | | | |
| | 0 | | | | | | | | | | | | | - | | Asian | Female | | | | | | | | | | |
| | 0 | | | | | | | | | | | | | 3 | | American Indian or Alaska Native | | | | | | | | | |] | |
| | 0 | | | | | | | | | | | | | z | | Two or more races | | | | | | | | | J Check here if this is a change of address | | |
| 0 | 31 | - | 0 | - | - | 5 | 7 | s | 6 | - | - . | 4 | - | 0 | | | Column | Total | | | | | | | is. | • | |

| Colon III - Falci IIIIe Ellipioyees. | pioyees. | | | | | | | Nu | Number of Employees | lovees | | | | | | |
|--|---|--|---|---|---|---|--|--|--|--------------------------------------|---------------------------------|--|-----------------------|---|--|------------------|
| Job | П | | | | | | | (Report em | (Report employees in only one category) Race/Ethnicity | one categor | X) | | | | | |
| Categories | | Hispanic or Latino | iic or | | | | | | Not-Hispa | Not-Hispanic or Latino | | | | | | |
| | Т | | J. | | | _ | Male | | | | | Fer | Female | | | Total Columns |
| | | Male | Female | White | Black or African American | Native Hawaiian or Other Pacific Islander | Asian | American Indian or Alaska Native | Two or more races | White | Black or African American | Native Hawaiian or Other Pacific | Asian | American Indian or Alaska Native | Two or more races | > Z |
| | | Þ | В | C | D | т | П | G | I | - | - | Islander | | | | |
| Executive/Senior Level Officials and Managers | 1.1 | | | | | | | | : | - | د | > | | 3 | z | 0 |
| First/Mid-Level Officials and Managers | 1.2 | | | | | | | | | | | | | | | 0 |
| Professionals | 2 | | | | | | | | | | | | | | | 0 |
| Technicians | ω | 1 | | | | | | | | | | | | | | 0 |
| Sales Workers | 4 | | | | | | | | | | | | | | | 0 |
| Administrative Support Workers | Oi | | | | | | | | | | | | | | | 0 |
| Craft Workers | σ | | | | | | | | | | | | | | | 0 |
| Operatives | 7 | + | | | | | | | | | | | | | | 0 |
| Laborers and Helpers | 0 | - | | | | | | | | | | | | | | 0 |
| | 0 | | | | | | | | | | | 4 | | | | 0 |
| Service Workers | 9 | | | | | | | | | | | | | | | 0 |
| | 10 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 0 |
| PREVIOUS YEAR TOTAL | ======================================= | | | | | | | | | | | | | | | |
| SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311. | nination (| omplaint | s Pursuant | t to 47 CFR | 22.321, 23.55 | , 90.168, 101. | 4, and 101.3 | 1.1 | | | | | | | | 0 |
| This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report. This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition. | Commiss body hav Commiss | ion that no ing compe ion that the involved, o | complaints etent jurisdic following of date filed, c | s regarding vection in such complaints alcounts or ager | iolations of th matters durin lleging violation ncies before v | e equal emplo g the calendar ons of the prov | yment provis r year covere visions of any er has been t | ions of Federa d by this repor equal employ neard, file num | al, state, territo t. ment opportu | orial, or local s nity statute ha | tatutes have ve been filed | tutes have been filed against this been filed against this company, current status or disposition. | inst this ompany. | | | |
| ify that | wledge, in | formation, | and belief, | all statemen | ts in this repo | rt are true and | correct. | | | | | | | | | |
| 05/11/2018 C | ped or Pri | nted Name | Typed or Printed Name of Person Signing CARLA SHEARER | Signing | | S | Signature | 5 | 5 | | | Tel | Telephone No. | | | |
| Title of Person Signing CEO/GENERAL MANAGER | ANAC | ER | | 0.5 | VILLFULLY FA | ALSE STATEN | MENTS MAD OR CONST | E ON THIS FO | ORM ARE PUI | VISHABLE BY | AND/OR FOL | OR IMPRISON | NMENT (18 U.S.C. 1001 | .S.C. 1001) A | WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORESTT IDE AND/OR INFRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION | ATION |